

Oral Roberts University

2010-2011 Federal Direct PLUS Loan Request Form

PLEASE PRINT. Complete ALL sections of this loan application. This application cannot be processed with incomplete or missing information and signature. This form must be completed each academic year and separately for Summer to request a PLUS loan. The PLUS Loan process is as follows: The information you supply on this application will be electronically transmitted to the U.S. Department of Education (DOE), its servicers and/or agents. You will be notified, when the PLUS Master Promissory Note is available to be completed online. Your credit will then be reviewed to determine your eligibility. The DOE will notify you in writing of the results of the credit check.

STUDENT INFORMATION

Student's Name Student's ID Number (Z)												
LAST	FIRST		МІ	Z								
CITIZENSHIP:	I			COI	NTAC	CT NU	JMBE	R:			<u> </u>	
☐ Citizen ☐ Eligible Non-Citizen—Alien ID:				(_	_	_)	_				_	
PARENT BORROWER INFORMATION Check relationship to student:												
Parent's Name				Social Security Number								
LAST	FIRST	FIRST MI			<u> </u>							
CITIZENSHIP:						CONTACT NUMBER:						
☐ Citizen ☐ Eligible Non-Citizen—Alien ID:					_	_)	_			_	_	
STREET ADDRESS		CITY		•			STAT	TE ZII	P			
		I						Date of B	Birth			
EMAIL:	DRIVER'S LICENSE (Month) (Day) (Y							(Year				
Requested Loan Amount					•	(1.10116	,	(54))		(Tear)		
\$												
Please refer to your student's PLUS Loan award to	•	·	-	-								
financial aid and resources received by the student loan is for one semester only, the loan amount is b			-				-	_				
separate loan is required for the Summer and is ba												
Certification and Authorization Stateme	ents											
I certify that the information on this form is comple	ete and correct to the	best of my knowledge. I con	sent to the	U.S. E	Depar	tment	of E	ducation a	nd its	agents	to	
review my credit report and use the information in	determining whether	to grant the PLUS loan to m	e. I underst	and th	nat I v	vill be	notifi	ied in writ	ing of	the re	-	
sults of the credit check.												
Parent Signature:		Date	e:									

UNLESS OTHERWISE DIRECTED, PLEASE FAX COMPLETED FORM TO THE FINANCIAL AID OFFICE AT (918) 495-6803.